



# Orthopedics – HU Past Papers

Describe the site, pattern and displacement.

Fractures of the tibia and fibula

Transverse fracture of both leg bones at different levels

Anteromedial translation (100%)

Posterolateral angulation

Shortening of the limb

No rotation.



**Describe the displacement in this fracture.**

**Anterolateral translation (100%)**

**Posteromedial angulation**

**lengthening of the limb**

**No rotation.**

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**Determine the site and the pattern of this fracture ?**

Comminuted mid shaft fracture of tibia with fibular Fracture



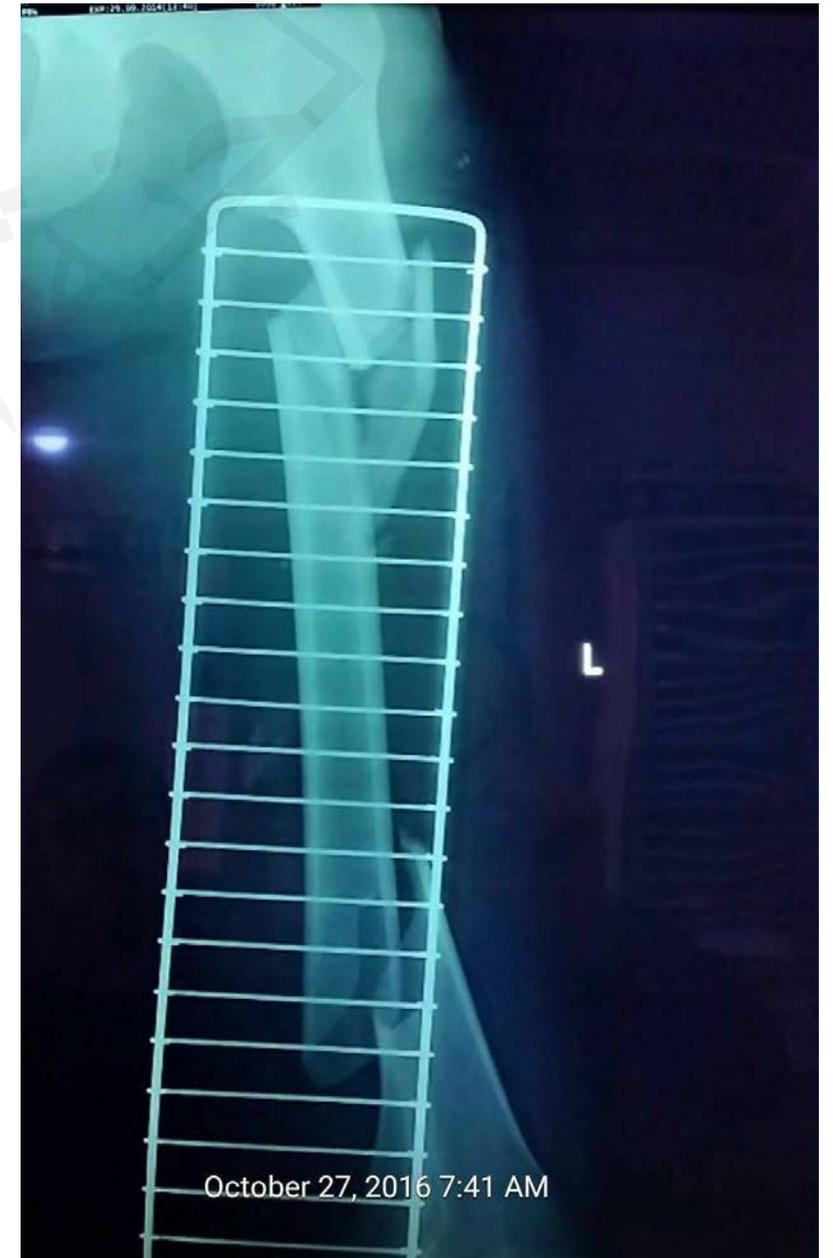
## Describe this fracture.

Mid shaft fracture of the humerus with shortening about 2 cm with lateral translation and medial angulation



**Name the site and the pattern of this fracture.**

Left femoral shaft fracture Segmental  
or Segmental comminuted  
(comminuted alone is wrong)



**What is your diagnosis?**  
**Acromioclavicular dislocation**



**What is your diagnosis?**

**Anterior Shoulder Dislocation**

**Which nerve at risk?**

**Axillary Nerve**



**Describe the displacement in A and B?**

- A) Lateral translation and shortening**
- b) Lengthening**



(a)



(b)

**What is the diagnosis?**

Supracondylar fracture of elbow



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**What is the name  
of the bone  
pointed with the  
red arrow?**

**Capitate**



**Name the deformity can happen as a result of non-union of this fracture?**

**Cupitus valgus**



45 years old, sustained humerus fracture 9 months ago, this is the x-ray now

**A- What is the diagnosis of this complication?**

Non-atrophic Non-union

**B-What is the cause of this condition?**

They have given rise to the acronym CASS:

Contact – Was there sufficient contact between the fragments?

Alignment – Was the fracture adequately aligned, to reduce shear?

Stability – Was the fracture held with sufficient stability?

Stimulation – Was the fracture sufficiently 'stimulated'? (e.g. by encouraging weight bearing).

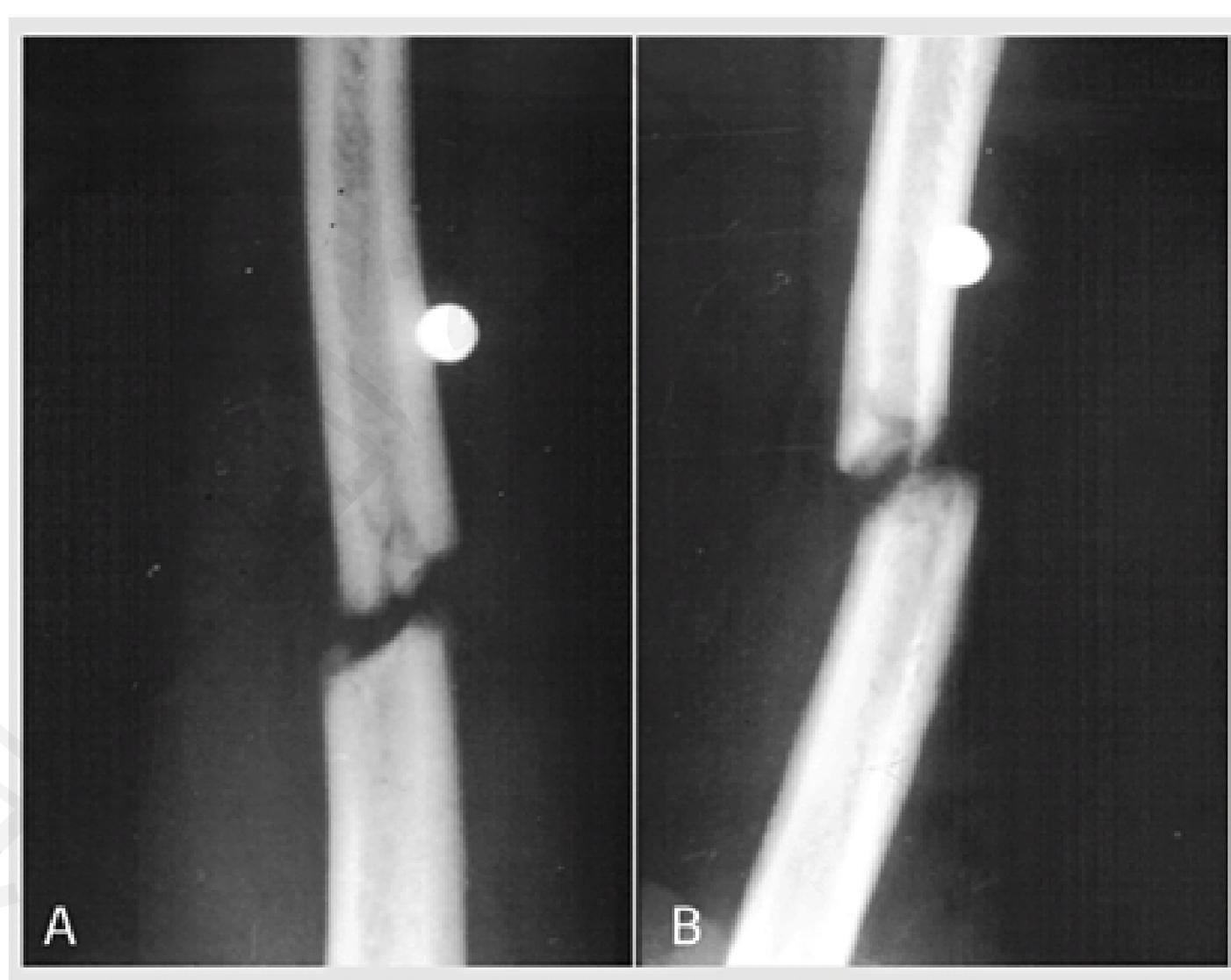
There are, of course, also biological and patient related reasons that may lead to non-union:

Poor soft tissues (from either the injury or surgery)

Local infection

Associated drug abuse, anti-inflammatory or immunosuppressant medication

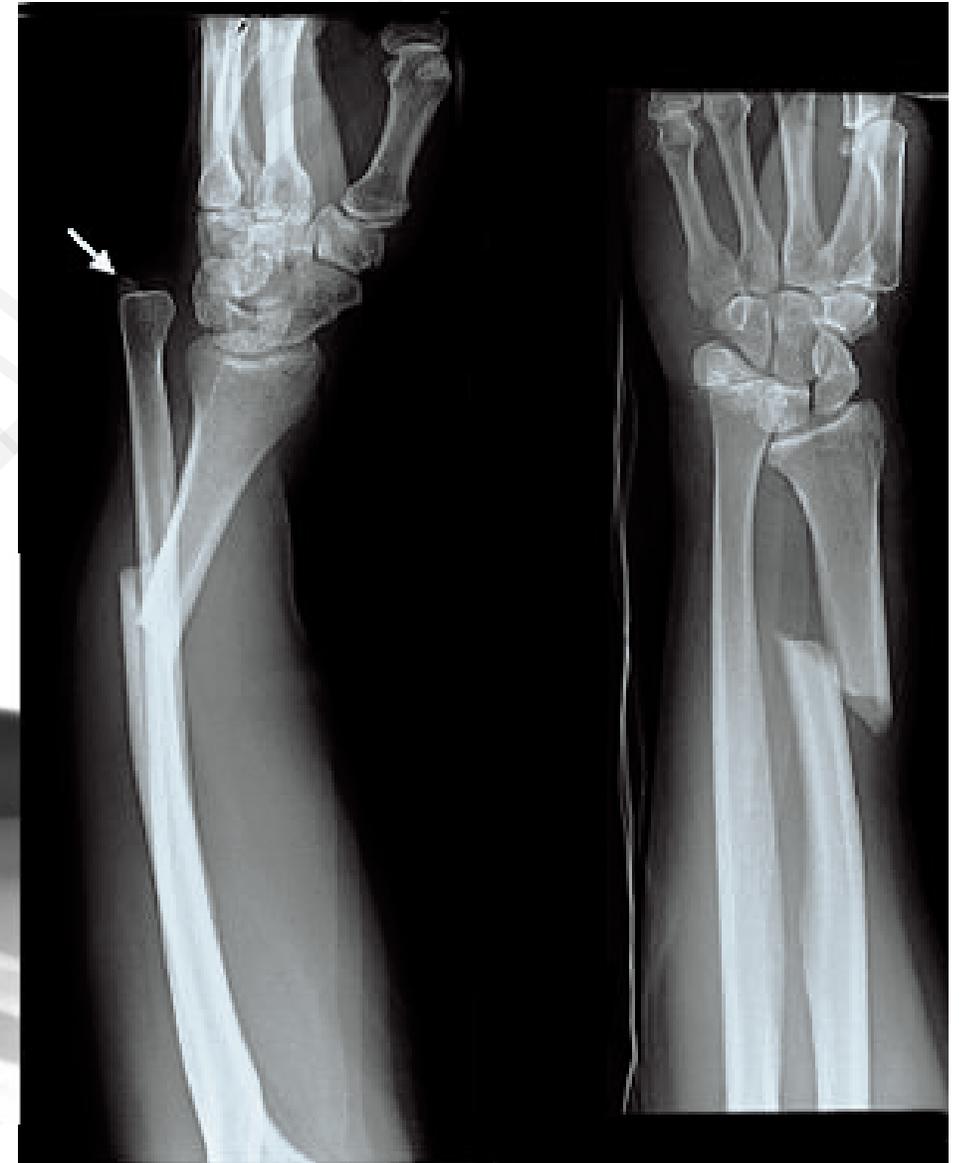
Non-compliance on the part



**Figura 1 - Fotografias de radiografias pré-operatórias de pseudartrose atrófica do úmero. A - (frente) B - (oblíqua).**

**What is the name of this fracture ?**

**Galeazzi fracture**



**What is the name of this fracture ?**

**Monteggia fracture**



**Name the deformity can happen as a result of non-union of this fracture?**

**Cupitus Valgus**



**What is your diagnosis and what is the most commonly injured structure?**

**Humeral Supracondylar fracture**  
**Brachial artery**

Note: Ulnar nerve without brachial artery is wrong



**A- What is the diagnosis of this condition?**

**Cabitus vara**

**B- What is the cause of this condition?**

**Malunion of the supracondylar fracture of the distal humerus**



**A- What is the diagnosis of this condition?**

**Cabitus vara**

**B- What is the cause of this condition?**

**Malunion of the supracondylar fracture of the distal humerus**



**A- What is the diagnosis of this condition?**

**Cabitus Vara**

**B- What is the cause of this condition?**

**Malunion of the supracondylar fracture of the distal humerus**



**Name this condition.**

Capitus valgus

**Mention the cause.**

Non union of lateral condyle



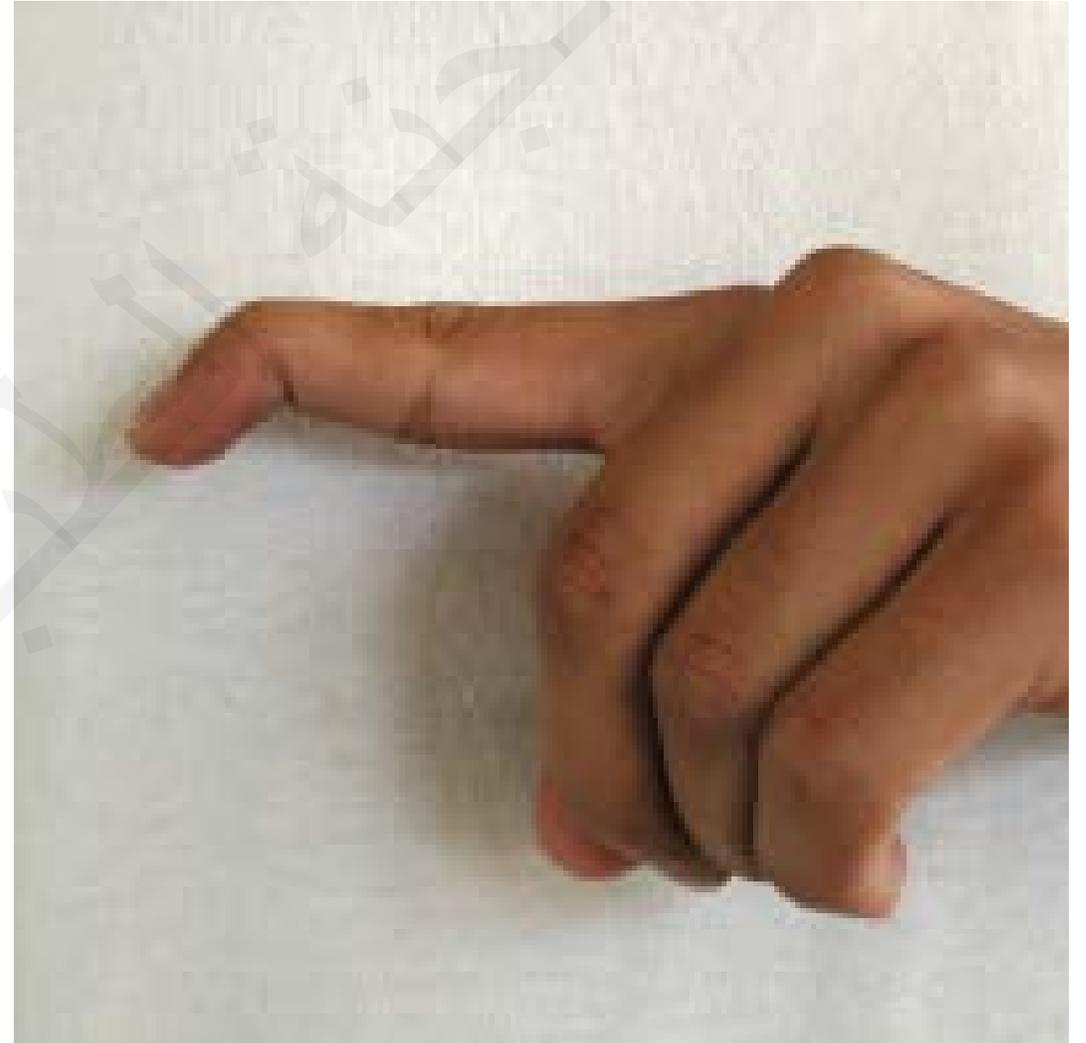
**Name the deformity.**

**Polydactyly**



**Name the deformity.**

**Mallet finger**



**What is the diagnosis?**

Swan neck



**What is the diagnosis?**

Swan neck



**What is this sign?**

**Claw Hand**

**Which nerve affected?**

**Ulnar Nerve**



**Cut injury at forearm result in  
this picture which most likely  
nerve injury?**

**Median nerve injury**



**What is the diagnosis?**

**Genu Valgum “Knock-Knee”**



**Name this condition.**

**Genu varus**



**A- What is name of line A, B and C?**

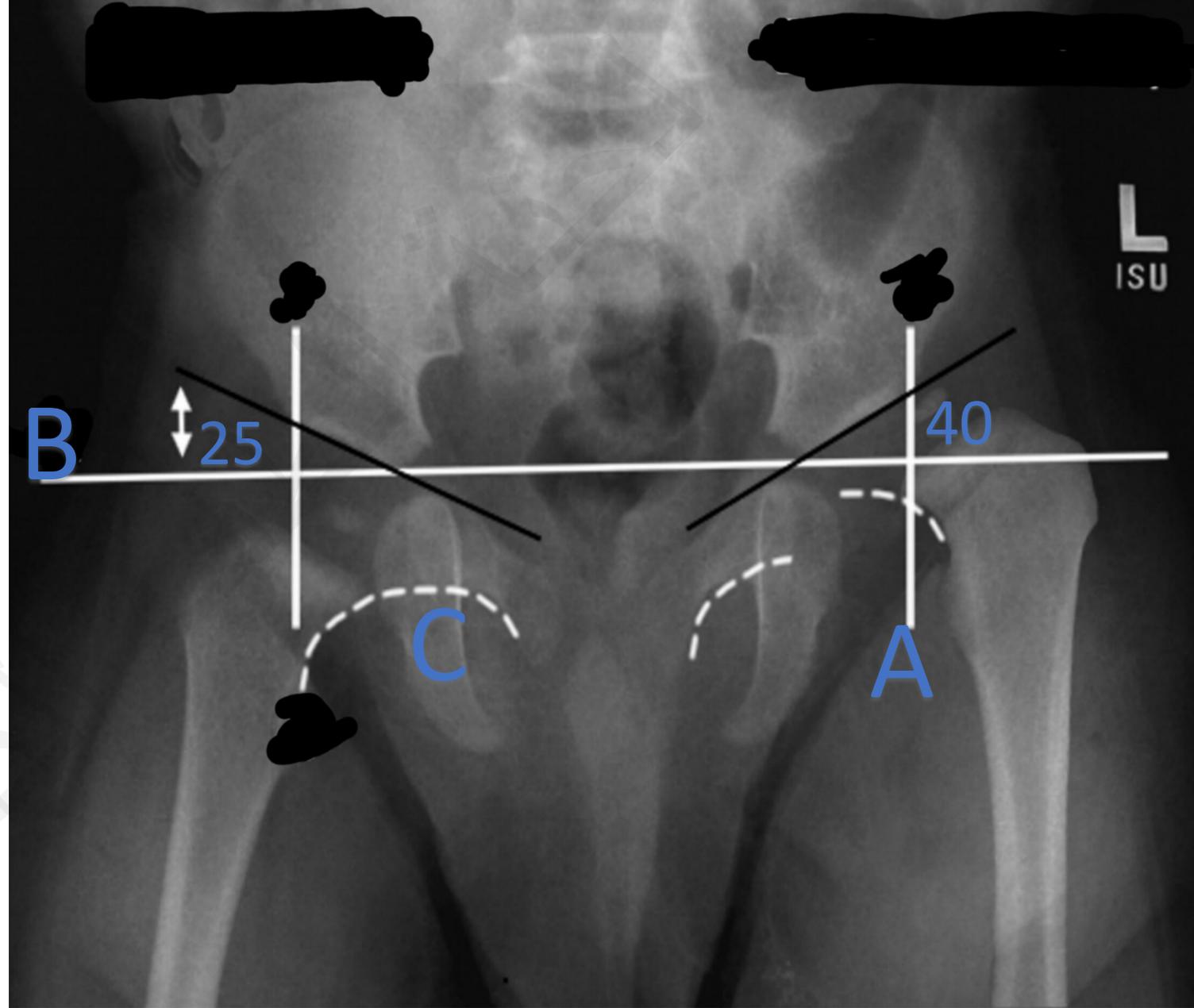
**A:** Perkin's line

**B:** Hilgenreiner line

**C:** Shenton line

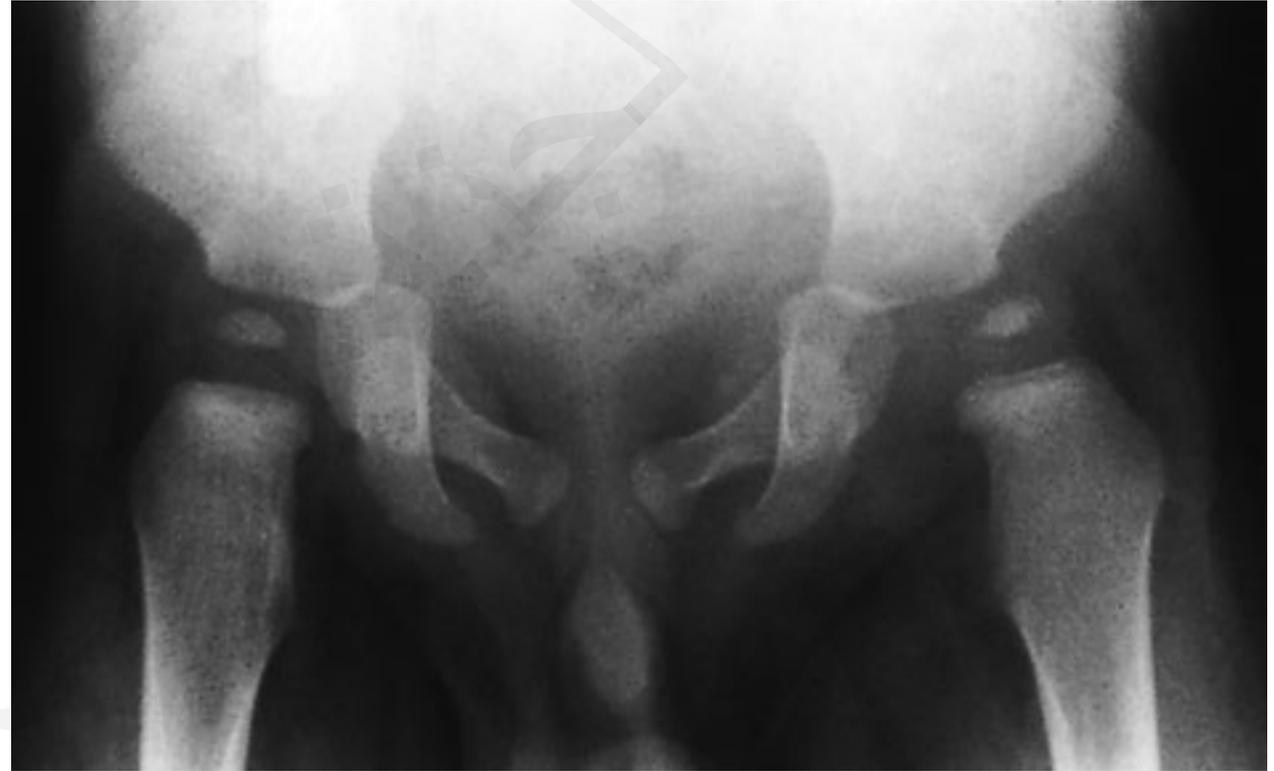
**B- What is the diagnosis of this patient in right and left hips?**

**Developmental dysplasia of the hip (DDH)**



What is the diagnosis  
of this child ?

Hip subluxation



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**A- What is the type of this fracture?**

Fractures of the pelvic ring(open book injury)

**B- What is the direction of the force causing this fracture ?**

Anteroposterior compression with lateral rotation

**C- Complications.**

Bleeding

Soft tissue injury



**What is the name of this condition?**

**Rheumatoid arthritis**



**What is nerve that is commonly injured according to the picture?**

**Sciatic nerve**



**What is your diagnosis?**

**Bilateral Protrusion acetabula**

**Mention Causes.**

**Paget**

**RA**

**Osteomalacia**

**Trauma**



## What is the diagnosis?

Avulsion inferior anterior  
iliac spine fracture



**What is the type of this Fracture?**

Avulsion fracture of ischial tuberosity

**The violent contraction of Which muscle can cause this fracture?**

Hamstring muscles



**A- what is the diagnosis of this fracture?**

**Right intertrochanteric fractures**

**B- What are most common complication?**

**Malunion**

**Failure of fixation**



**A- what is the diagnosis of this fracture?**

- **Right intertrochanteric fractures**

**B- What are most common complication?**

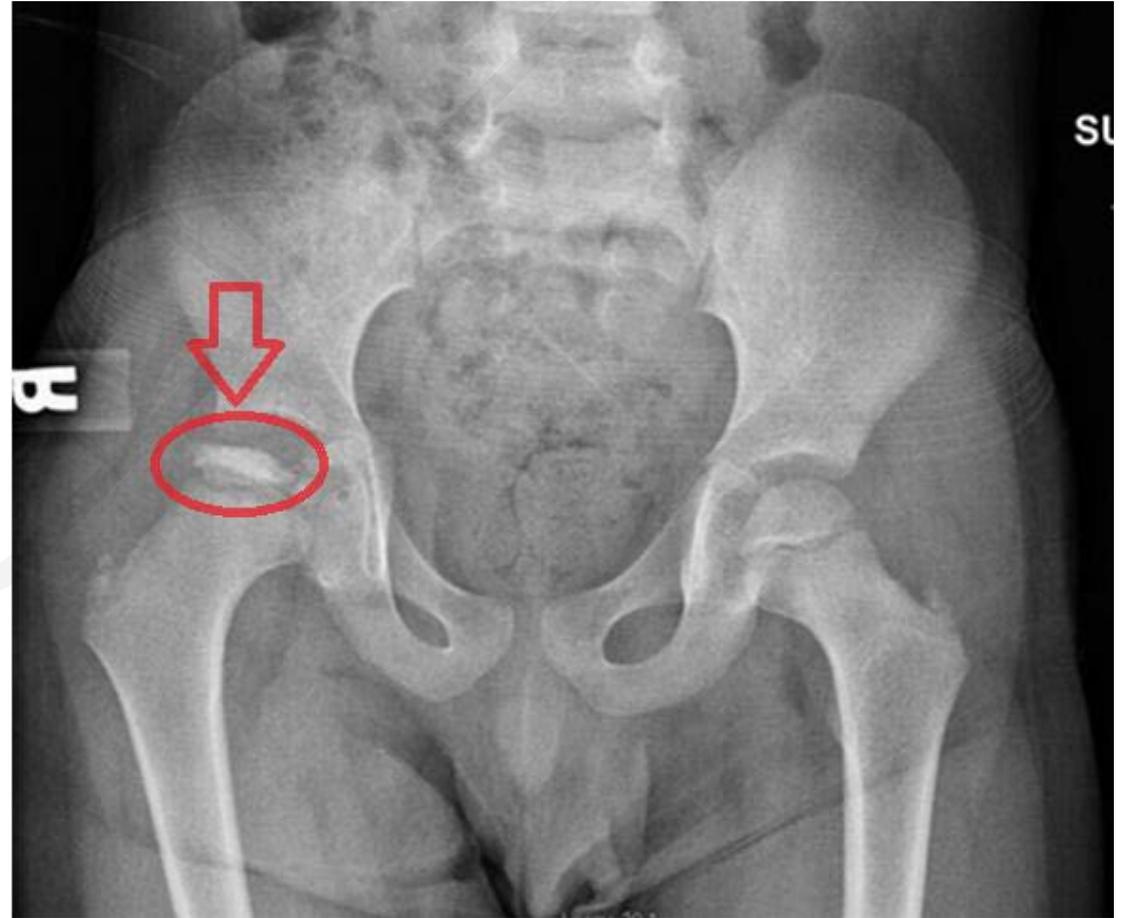
**Malunion**

**Faliure of fixation**



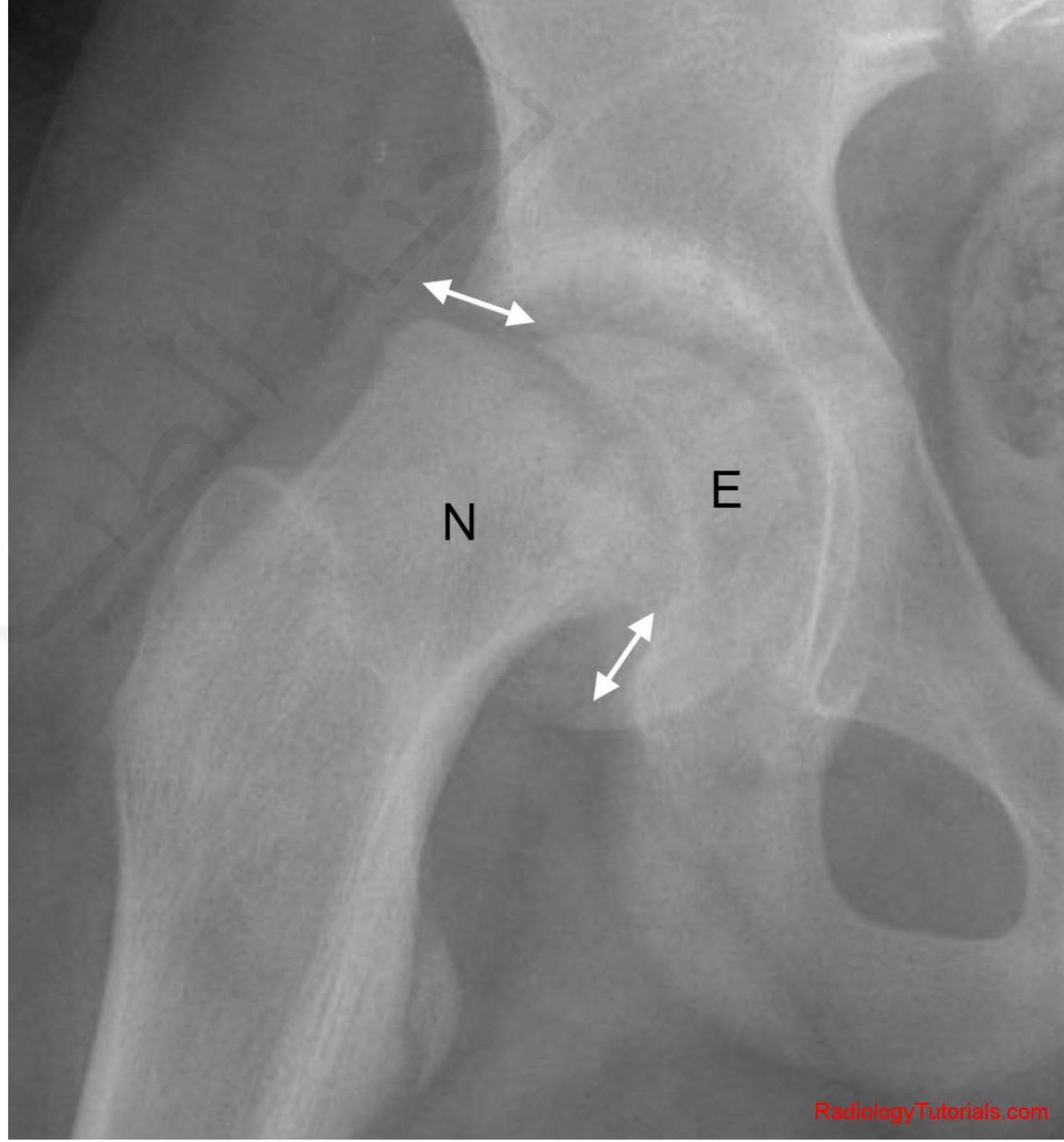
**Name this condition.**

Perth's Disease



**Name this disease.**

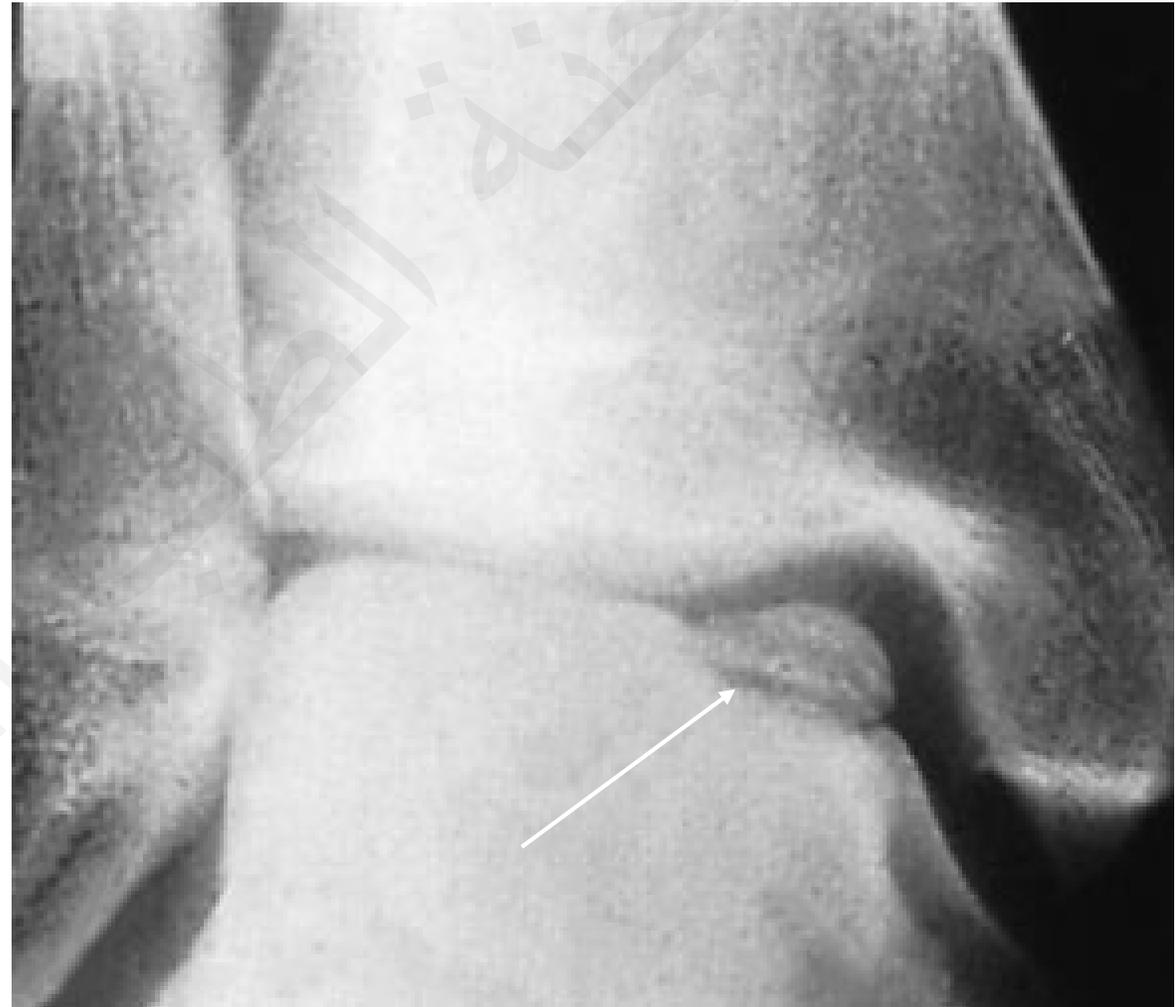
Right slipped capital femoral epiphysis



**23 years old male patient  
presented with left ankle  
pain, X-ray shown**

**What is the Diagnosis?**

**Osteochondritis**



**What is the diagnosis of this condition?**

**Left hip posterior dislocation**



**A- What is the diagnosis of this fracture?**

-Intertrochanteric fractures  
(TYPE 2 Displaced  
Slightly comminuted  
Lesser trochanter fracture  
Varus)

**B- What are most common complication?**

Malunion  
Bleeding  
Soft tissue damage



**A- What is the name of this fracture?**

**Femoral shaft fracture**

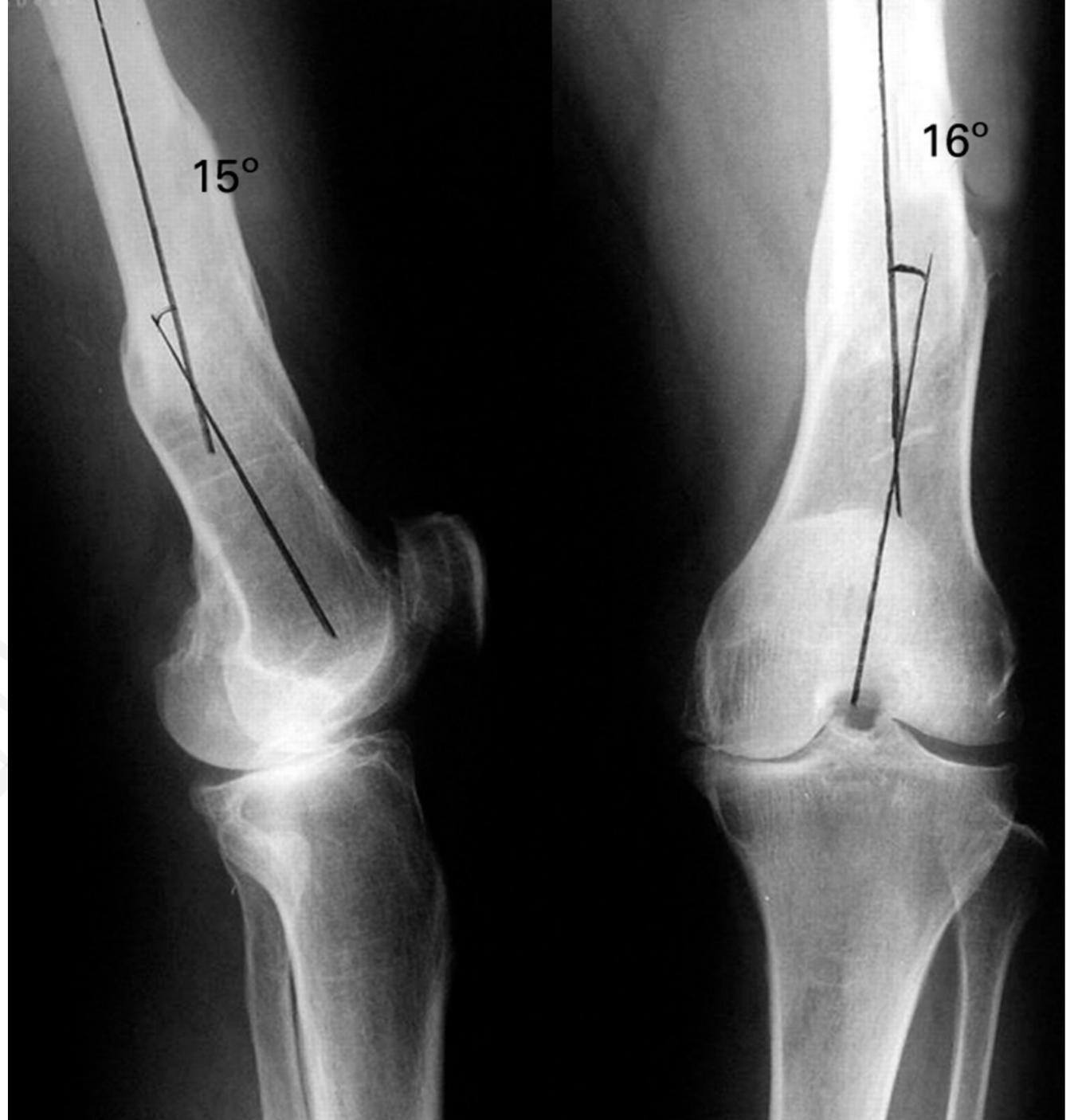
**What structure is commonly injured with this fracture?**

**Femoral artery**



**What is the diagnosis of  
this x-ray?**

**Malunion**



**What is the name of this fracture?**

**Supracondylar fracture of femur**

**What structure is commonly injured with this fracture**

**Femoral artery**



**What is the name of this fracture?**

**Tibial plateau fractures**



طبيب  
البشري

**A- What is the diagnosis of this fracture?**

Supracondylar fracture of the femur

**B- Describe the displacement of the fracture.**

Translation, Angulation

**C- What are most common complication?**

Popliteal artery injury



**What is the name of this fracture?**

**Tibial plateau fractures**



## What is the diagnosis?

Hypertrophied nonunion fracture of the tibia

## Mention the causes.

Movement

Wrong reduction

Inadequate immobilization

Inadequate stabilization



**What is the diagnosis?**

**Femur neck fracture**

**Mention complications.**

**Non union**

**AVN**

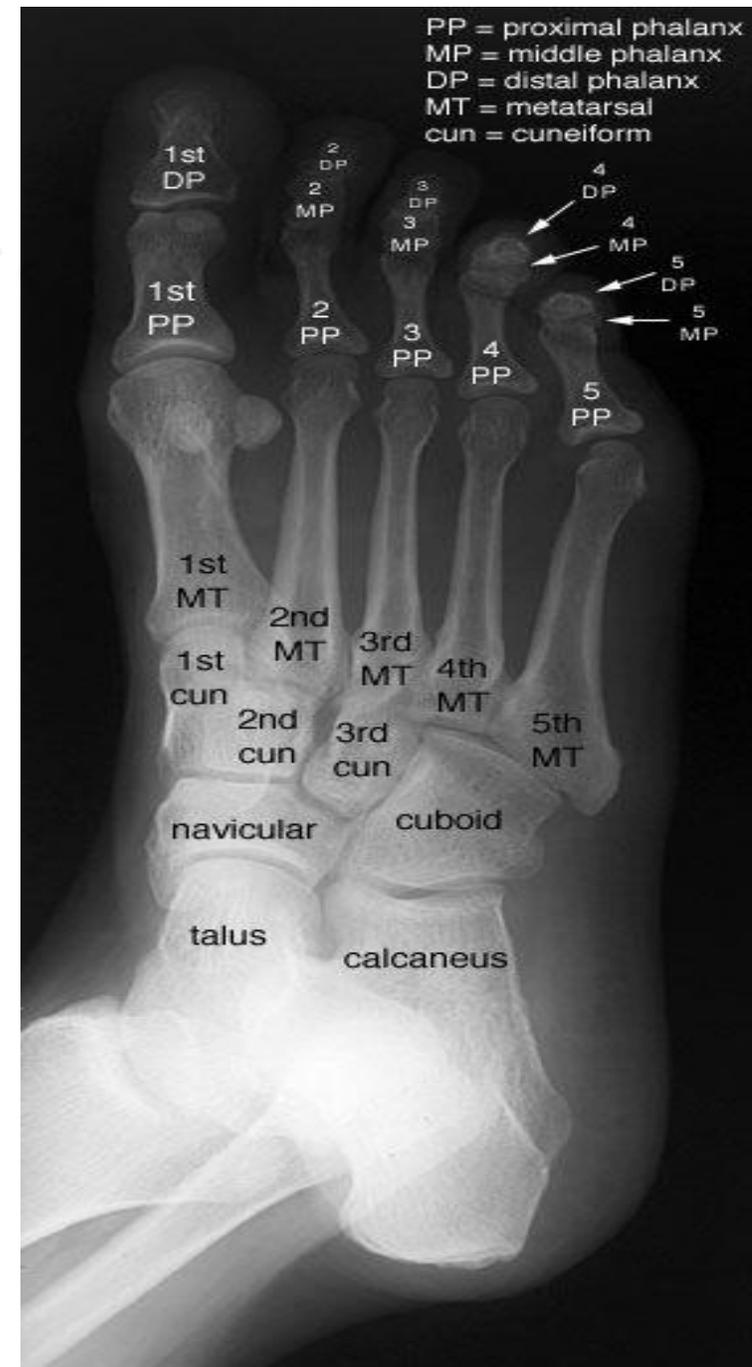


**Name this Bone**

Navicular Bone

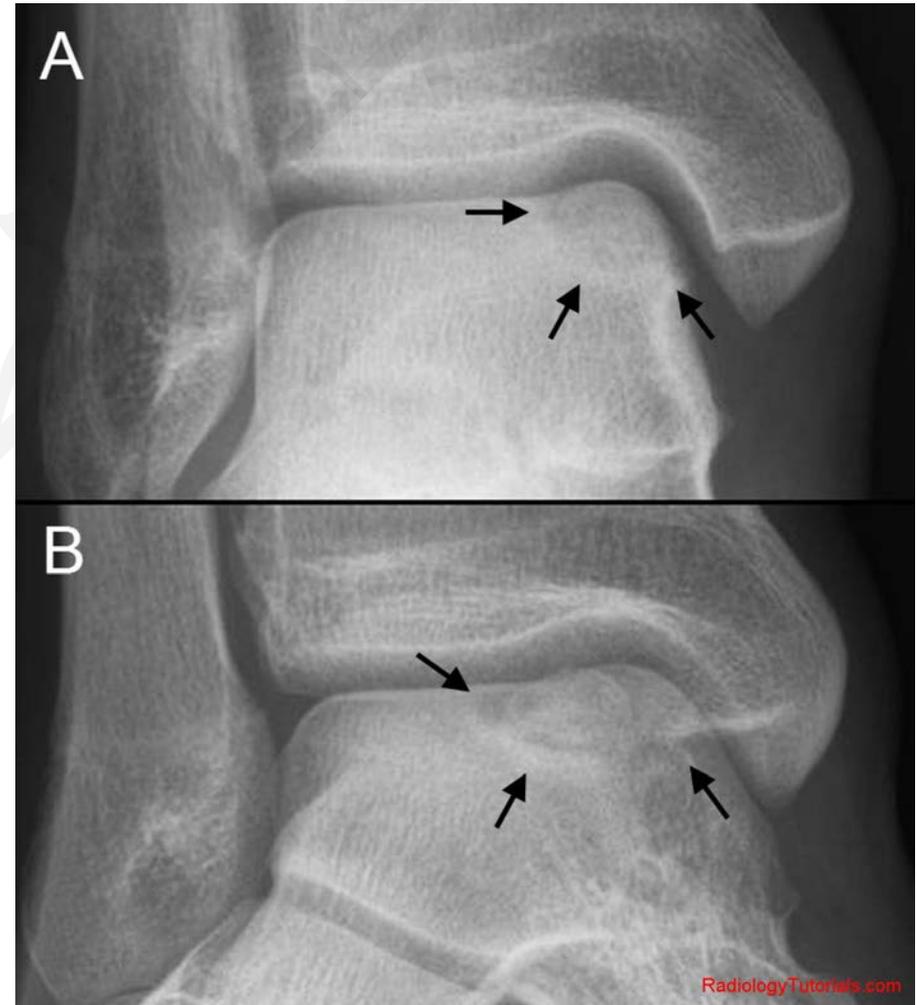


# Memorize names of all foot bones on X ray



**What is your diagnosis?**

**Osteochondritis dissecans in the ankle**



**What is the name of this condition?**

**Calcaneal apophysitis( sever disease )**



## What is the diagnosis?

Osgood-Schlatter Disease (OSD)  
(apophysitis of the tibial tubercle)



**Name this condition.**

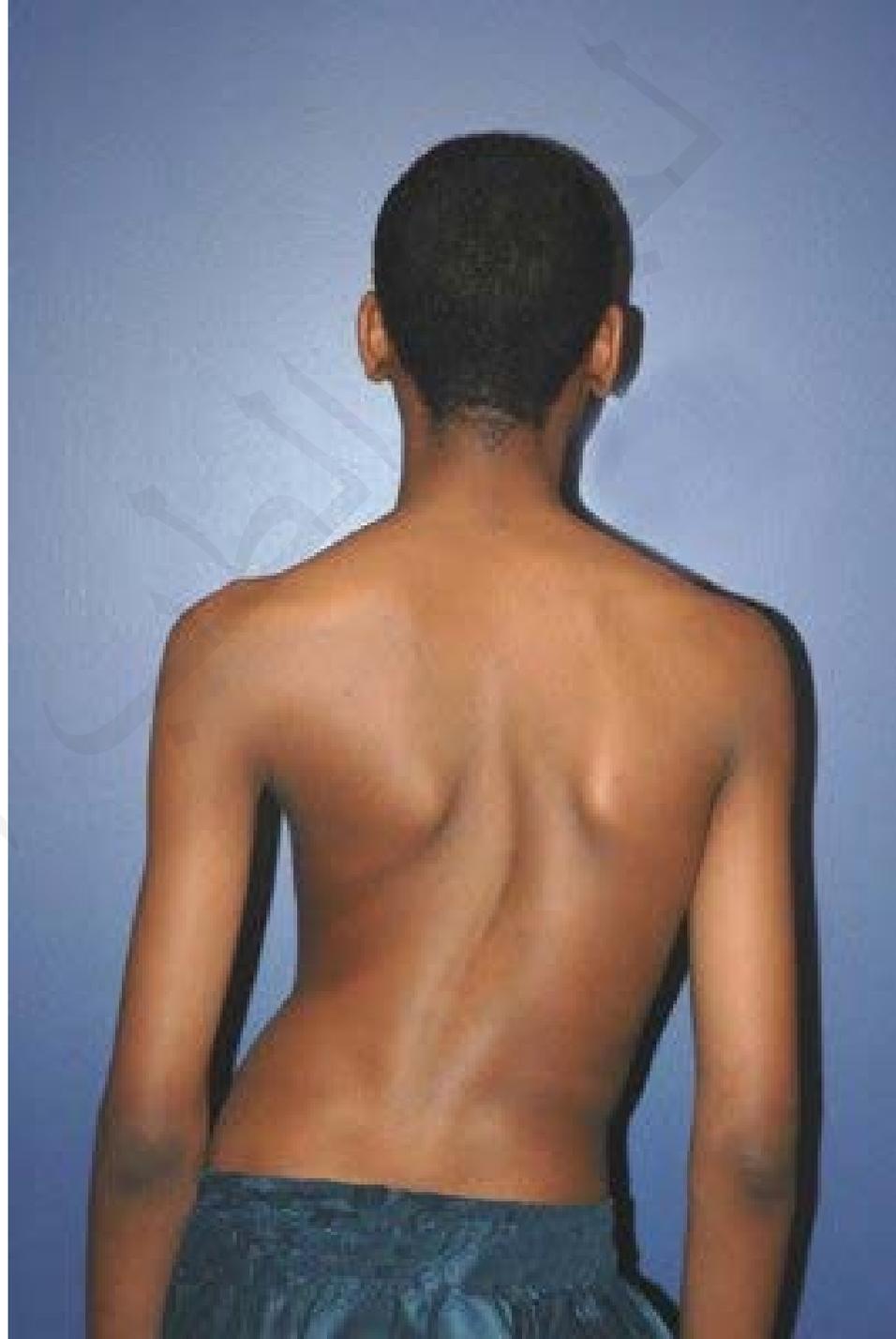
**Pilon Fracture.**

Note: You might describe its type and site if you don't know its name



What is the name of  
this deformity

**Scoliosis**



What is the name of  
this deformity

**Scoliosis**



**What is the name of this deformity?**

**Genu recurvatum**



**What is the diagnosis of this condition?**

**Talipes equinovarus (club-foot)**



**What is the diagnosis of this condition?**

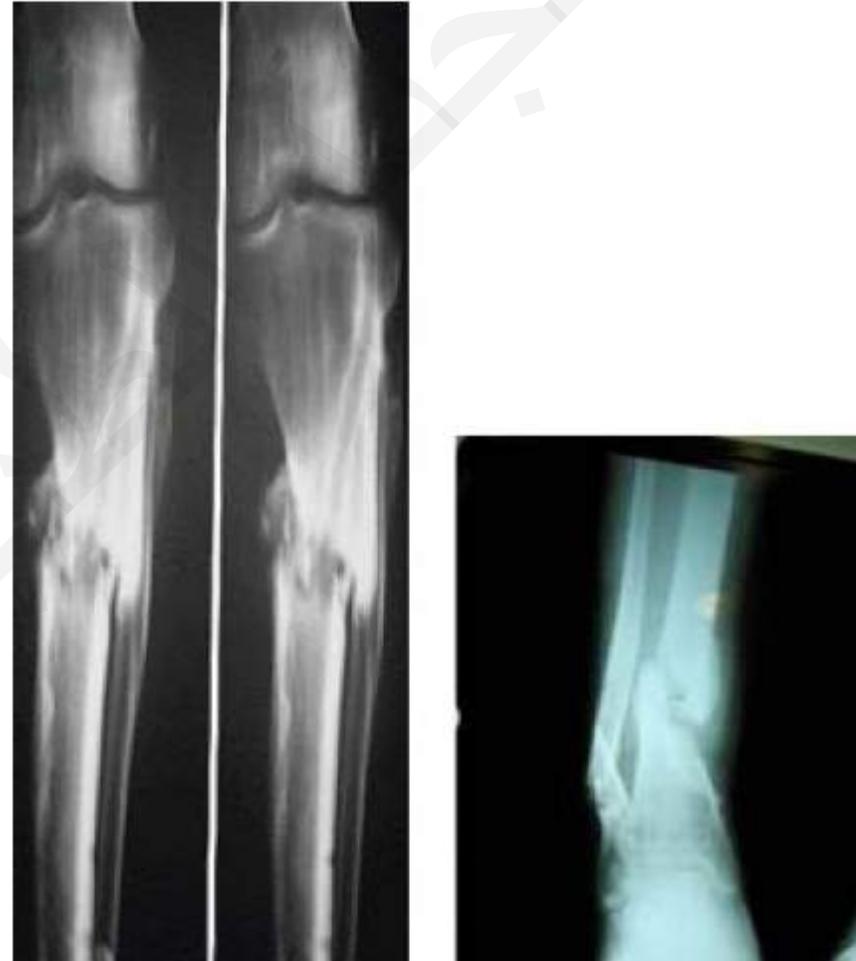
**Congenital convex pes vulgaris**



**What is your diagnosis?**

**Atrophic- nonunion**

**Give one cause of non union?**



**Figura N°2. Retardo de la consolidación y pseudoartrosis de tibia (radiología).**

Describe the fracture:





### 30.32 Fractured tibia and tibia - late complications

(a) *Hypertrophic non-union*: the exuberant callus formation and frustrated healing process are typical. (b) *Atrophic non-union*: there is very little sign of biological activity at the fracture site. (c) *Malunion*: treated, in this case, by gradual correction in an Ilizarov fixator (d,e).



(a)



(b)



(c)



(d)



(e)